

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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KARL L. SCHAUPP, M.D.....President-Elect
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PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D.....Secretary-Treasurer and Editor
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CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT†

Medical Journals: For Colleagues in Military Service

In this issue appears editorial comment on a plan to forward medical journals to the Hospital Stations of Army, Navy and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in cooperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

This notice will appear in this department every month.

If you have not read the editorial outline of the plan in the September issue, you are urged to do so.

The addresses of the three libraries follow:

U. C. Medical Library, The Medical Center, 3rd and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals to: C. M. A. Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California.

Procurement and Assignment Service

Recruitment of medical officers for both Army and Navy services was given added impetus late in August, when local draft boards were advised that no further deferment should be granted registrants because of the fact that they had applications for commissions pending. Although this order is not directly aimed at physicians and dentists, there has been some indication that the large number of men in these two professional groups who were making applications for commissions were indirectly responsible for the writing of the new regulation.

Here is what has been happening in far too many cases: a physician makes initial application for a commission in the Army or Navy medical corps. He completes the preliminary application blank, takes his physical examination and receives a clearance from Procure-

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the State chairman on Procurement and Assignment Service, with supervision of all counties north of the fourteen southern counties.

Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

U. S. Army Medical Corps Recruiting Boards are in charge of Major F. F. South, M.C., at room 1331, 450 Sutter St., San Francisco (EXbrook 0450), and Major C. A. Darnell, 1930 Wilshire Boulevard, Los Angeles (FEderal 1953).

For roster of Procurement Service Committees of County Medical Societies, see July issue of CALIFORNIA AND WESTERN MEDICINE, on pages 93-94.

† For complete roster of officers, see advertising pages 2, 4, and 6.

ment and Assignment Service on his availability. Then he delays in completing his application for commission by not filing with the recruiting office the necessary documents to accompany his application. In this way he may truthfully say that he has an application for commission pending, while in fact he has done nothing more than to complete the preliminary steps for securing a commission.

One such case has been uncovered where the applicant failed for five months to complete his papers. Needless to say, when Procurement and Assignment Service found this situation there was little sympathy given the applicant.

Now the power of Procurement and Assignment Service to defer the induction of physicians because of pending applications for commissions has been withdrawn. Each physician is now on his own with his local draft board on this score. Procurement and Assignment Service has notified every physician on the "available" list of this change of procedure by the local draft boards; it will now be up to the men themselves to work out their own salvation with their local boards.

Aside from this new development, the recruiting program is proceeding on orderly lines. The Army is still seriously short of medical officers and can use all possible applications for commissions. The new draft board order is expected to produce a large volume of applications.

Procurement and Assignment Service is just now beginning to receive the data necessary to compile and put into operation a relocation file for the filling of vacancies in medical practice in industrial plants or in civilian communities. It is hoped that through this file there may be supplied enough physicians to protect medical resources in various communities and to make possible the medical care of large groups of industrial employees in key wartime industries. Any calls for, or offers of, assistance along this line will be gladly received by Dr. Harold A. Fletcher in San Francisco or Dr. Edward M. Palette in Los Angeles.

Third Medical Officers Recruiting Board Established in California

In order to expedite the procurement of California's quota of Physicians and Dentists for War Service, a third Medical Officers Recruiting Board has been established in California, with headquarters in the Medico-Dental Building, 1127 11th Street, Sacramento, California. Formerly there were only two recruiting boards, one in Los Angeles, and one in San Francisco.

The North Central Board with Headquarters in Sacramento will serve thirty counties, namely:

Alpine, Amador, Butte, Calusa, Calaveras, El Dorado, Fresno, Glenn, Lassen, Madera, Mariposa, Merced, Modoc, Nevada, Mono, Placer, Plumas, Sacramento, San Benito, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo, Yuba.

This board is in charge of Lt. Colonel Carlton S. Allen, M. C., senior recruiting board officer of California. Inquiries may be addressed to Colonel Allen or to Captain Irving J. Taber, Adjutant and Summary Court Officer, Telephone 3-5415.

Blood Donors Needed

Blood donors are needed at the rate of 50,000 per week for the next 12 months, Chairman Norman H. Davis, of the American Red Cross has announced. The Army and Navy have requested a new quota of 2,500,000 pints of blood within that period.

The blood collected by the Red Cross will be processed into dried plasma and serum albumin for emergency transfusions for the armed forces. The serum albumin is a recently developed blood substitute in which the Navy is especially interested because it requires less storage space than plasma.

The blood must reach a processing laboratory within 24 hours after it is drawn. For that reason, the Red Cross has had to limit donor centers to those regions near processing laboratories. Red Cross blood donor centers for the Army and Navy now exist in the following cities: New York, Philadelphia, Baltimore, Rochester, N. Y., Buffalo, Boston, Cincinnati, Cleveland, Chicago, Detroit, Pittsburgh, Indianapolis, St. Louis, Milwaukee, Los Angeles, San Francisco, and Washington, D. C.

Those who have already given blood can do so again. The average healthy man or woman can safely give blood for transfusions every three months, according to a recent report to the American Medical Association. The safe time is marked by the return to normal value of the hemoglobin, red coloring matter of the blood.—*Berkeley Gazette*, August 7.

C.M.A. MEMBERS IN MILITARY SERVICE**

Yuba-Sutter-Colusa County Medical Society

Members of the Yuba-Sutter-Colusa County Medical Society on Active Duty with the Army and Navy.

(Report, as of August 4, 1942. Total Number, 4.)

Name	Rank (if known)	Service (if known)
Delamere, Granville S.	Major	Army
Hamilton, Robert L.	Captain	Army
Miller, Benjamin F.	Captain	Army
Swift, Leon M.	Captain	Army

Los Angeles County Medical Association

Members of the Los Angeles County Medical Association on Active Duty with the Army and Navy.

(Although addresses are not listed, any member who wishes to communicate with any of his confreres may do so by directing the letter to the office of the Secretary of the Los Angeles County Medical Association, 1925 Wilshire Boulevard, Los Angeles.)

(Report, as of August 25, 1942. Total Number, 370.)

Name	Rank (if known)	Service (if known)
Allen, Carlton S.	Lt. Col.	Army
Alsberge, E. Wallar	Captain	Army
Alsberge, Marden	1st Lieut.	Army
Alward, H. Cedric		Army
Andersen, Geo. Carl		Navy
Anderson, C. Russell	Major	Army
Anderson, Forrest N.	Major	Army
Anderson, Frank M.	1st Lieut.	Army
Anderson, Milford X.	Captain	Army
Anderson, Stanley B.	Major	Army
Arkush, Albert S.	Lt. Comdr.	Navy
Arnold, Ferris	Major	Army
Arnold, Walter F.	Lieut.	Navy
Auerbach, Oscar	1st Lieut.	Army
Babcock, Donald T.	Major	Army
Balyeat, F. S.		Navy
Barnes, Norman J.	Lieut.	Army
Barnum, Glenn L.		Navy
Barshop, Nathan	Captain	Army
Barton, Edw. Wm., Jr.	Lieut.	Navy

** County Society Secretaries are requested to submit the lists for their respective counties.

Bedri, Marcel—Captain.....	Army	Godard, Clarence H.—Captain.....	Army
Beerman, Herman M.—Captain.....	Army	Goldberg, Percy H.—Major.....	Army
Behrendt, R. A.—Lieut.....	Navy	Goldenberg, Julius L.—Captain.....	Army
Behrens, Herbert C.—Lieut.....	Army	Golenternek, Dan—Captain.....	Army
Bennett, Edwin S.—Major.....	Army	Goodcell, Ross A.—Lieut.....	Navy
Bennett, Louis C.—Major.....	Army	Goel, Elmer F.—Captain.....	Army
Bernstein, Theodore I.—Captain.....	Army	Gordon, Gerald—1st Lieut.....	Army
Billig, H. E., Jr.—Lieut.....	Navy	Gordon, Kenneth W.—1st Lieut.....	Army
Blackmun, Robert L.—Lieut.....	Army	Grant, Ben E.—Lt. Col.....	Army
Blatherwick, Norman—Lieut.....	Army	Grant, R. S.—Lieut.....	Army
Blood, Russell H.—Lt. Comdr.....	Navy	Greene, H. Harvey—Lieut.....	Navy
Bower, Albert G.—Lt. Comdr.....	Navy	Groskloss, H. H.—Lieut.....	Navy
Boyes, Joseph H.—Major.....	Army	Grossman, Carl M.—1st Lieut.....	Army
Bradford, Fred E.—Lieut.....	Navy	Gunther, Lewis—Lt. Comdr.....	Navy
Branch, C. H. H.—Lieut.....	Navy	Gurdin, Michael M.—Lieut.....	Navy
Brem, Thomas H.—Captain.....	Army	Hadley, R. C.—1st Lieut.....	Army
Briesen, Hans V.—Lt. Comdr.....	Navy	Hall, Colby—Captain.....	Army
Brown, Walter B.—Captain.....	Army	Hargrave, Frederic C., Jr.—Captain.....	Army
Brownsberger, Sidney—Captain.....	Army	Harmon, George A.....	Army
Bryant, Ben L.—Lt. Comdr.....	Navy	Harner, C. E.—Comdr.....	Navy
Buck, Leonard S.—1st Lieut.....	Army	Hauser, V. F.—Captain.....	Army
Budd, John W.—Lt. Comdr.....	Navy	Hawkins, Leland.....	Army
Budge, Edwin S., Jr.—Lieut., s.g.....	Navy	Hawley, Carl J.—1st Lieut.....	Army
Burger, Raymond A.—1st Lieut.....	Army	Henderson, Jesse L.—Lt. Comdr.....	Navy
Burke, George T.—Lieut.....	Navy	Hendricks, Coleman B.—Captain.....	Army
Burns, G. Creswell—Captain.....	Army	Henrichsen, Arthur L.—Captain.....	Army
Butler, Orville W.—Lt. Comdr.....	Navy	Henriksen, Erle—Major.....	Army
Butt, Edward M.—Lt. Comdr.....	Navy	Henstell, Henry H.—1st Lieut.....	Army
Cameron, Markley C.—Lt. Comdr.....	Navy	Hiatt, Nathan.....	Army
Campbell, Clayton C., Jr.—1st Lieut.....	Army	Hickey, N. Glenn—Captain.....	Army
Carter, Martin G.—Lt. Comdr.....	Navy	Higgins, John W.—1st Lieut.....	Army
Caruso, Tenero D.—Lieut.....	Navy	Hillyer, Ernest C.—Lt. Comdr.....	Navy
Castanares, S.—Major.....	Army	Hilty, Henry L.—1st Lieut.....	Army
Castlen, Charles R.—Lt. Col.....	Army	Hittleman, Joseph—1st Lieut.....	Army
Chapman, James L.—Lt. Comdr.....	Navy	Hodgdon, Frank—Major.....	Army
Chier, Reuben D.—1st Lieut.....	Army	Holt, C. Zeno—Colonel.....	Army
Churchill, Ambrose S.—Captain.....	Army	Homme, O. H.—Major.....	Army
Coggin, Charles B.—Captain.....	Army	Hope, Robert B.—Captain.....	Army
Cohn, Harold A.—Captain.....	Army	Hosmer, Fell.....	—
Collins, Donald C.—Major.....	Army	Houck, George H.—Major.....	Army
Costolow, Wm. E.—Comdr.....	Navy	Huenergardt, Alfred G.—Captain.....	Army
Cozen, Lewis N.—Major.....	Army	Huff, Louis Legros—Captain.....	Army
Crane, N. F.—Captain.....	Army	Hughes, S. E., Jr.—Lt. Comdr.....	Navy
Crockett, Herbert G.—Captain.....	Army	Hunt, Frederick T.—Lieut.....	Navy
Cummings, Harold—Lieut.....	Navy	Ilfeld, Frederick W.—1st Lieut.....	Army
Darnell, Clarence A.—Major.....	Army	Imler, H. G.—Captain.....	Army
Davis, Wm. Dewey.....	Army	Irish, C. W.....	Army
Dean, James Reeve—Lt. Col.....	Army	Irvine, Rodman—Captain.....	Army
DeLong, Everett W.—1st Lieut.....	Army	Jacob, Harry H.....	Army
Delphey, William E.—Lt. Comdr.....	Navy	Jacobs, Melville—Major.....	Army
Dickmann, Richard C.—1st Lieut.....	Army	Jacobus, Willis L., Jr.—Captain.....	Army
Dodd, A. M.—Major.....	Army	Jamison, H. W.—Captain.....	Army
Donohoe, E. C.—Major.....	Army	Jenney, E. Ross—Major.....	Army
Doroshov, George D.—Captain.....	Army	Johnson, Harvey—Captain.....	Army
Downey, Thomas P.—1st Lieut.....	Army	Johnson, James B.—Captain.....	Army
Dunbar, W. Vernon—Lt. Comdr.....	Navy	Jones, Archie A.....	Navy
Duncan, John J.—Captain.....	Army	Jones, F. Harriman.....	Army
Ebers, T. M.—Lieut.....	Navy	Jones, Glen Ellis—Captain.....	Army
Eckhardt, Wymond—Captain.....	Army	Josephs, Louis—Lt. Comdr.....	Navy
Eng, Samuel Yen—1st Lieut.....	Army	Judge, W. Donald—Major.....	Army
English, Glenn G.—Lieut.....	Navy	Kaller, M. B.—1st Lieut.....	Army
Ewing, John P.—Lieut.....	Navy	Kaplan, Harry E.—Lt. Comdr.....	Navy
Faier, Herman I.—Captain.....	Army	Kay, Raymond.....	—
Falconer, F. H.—Lt. Comdr.....	Navy	Keipp, James V.....	Army
Fish, Lester Warren—Major.....	Army	Kellogg, Frederick—Major.....	Army
Flynn, J. F., Jr.....	Navy	Keltz, Charles—1st Lieut.....	Army
Friedman, Lawrence J.—1st Lieut.....	Army	Kesling, Emmett F.—Captain.....	Army
Gallup, Charles A.—Lieut.....	Army	Keye, John D.—Lt. Comdr.....	Navy
Gazzaniga, D. A.....	Navy	Kibby, S. V.—Lt. Col.....	Army
Gendel, Samuel—1st Lieut.....	Army	Kiefer, Albert L.—1st Lieut.....	Army
Gernand, Henry C.—Lieut.....	Navy	King, Robert W.—Captain.....	Army
Gibson, Wm. R.—Captain.....	Army	King, Stuart D.—1st Lieut.....	Army
Globerson, Irwin—1st Lieut.....	Army	Kinyoun, F. H.—Major.....	Army

Kirchner, H. J.—Captain.....	Army	Paul, Olin—Captain.....	Army
Kiskadden, Wm. S.....	Army	Pattison, A. C.—Major.....	Army
Klausner, John T.—Captain.....	Army	Payne, Royal C.—Captain.....	Army
Klor, Samuel J.—1st Lieut.....	Army	Pentz, Clarence R.—Lt. Comdr.....	Navy
Krieger, Sherburne—Captain.....	Army	Person, Edward C.—Lieut.....	Navy
Landers, Clyde H.—Captain.....	Army	Peterfy, Richard A.....	Army
Larson, E. Eric—Lt. Comdr.....	Navy	Pierce, Wilmot F.....	—
Leake, William H.—Lt. Comdr.....	Navy	Pierose, Perry N.—1st Lieut.....	Army
Leavitt, Arthur S.—Captain.....	Army	Pohlman, David A.—Captain.....	Army
Leffingwell, F. E.—Captain.....	Army	Pohlman, Max Edward—Lieut.....	Navy
LeVan, Paul.....	Army	Popkin, Roy J.—Major.....	Army
Lewis, Charles H.—Captain.....	Army	Posner, Charles—Captain.....	Army
Lindsley, St. Claire R.—1st Lieut.....	Army	Potasz, Thomas M.—Captain.....	Army
Linne, Francis B.—Captain.....	Army	Powers, Edward S.—1st Lieut.....	Army
Lloyd, Allen S.—Lieut.....	Navy	Presnell, James F.—Major.....	Army
Lloyd, Oliver D.—Captain.....	Army	Pressman, Joel J.—Lieut.....	Navy
Lobel, Charles S.—1st Lieut.....	Army	Prigge, Edward K.—Major.....	Army
Lomas, Max I.—Captain.....	Army	Ray, Earl B.—Major.....	Army
Lovell, R. A.—Major.....	Army	Raney, A. A.—Captain.....	Army
Loy, Monroe F.—1st Lieut.....	Army	Reeder, Charles W.—Lt. Comdr.....	Navy
Lund, LeVal—Lt. Comdr.....	Navy	Redfern, Wendell M.—Captain.....	Army
Lynch, James M.—Lt. Comdr.....	Navy	Reeves, David Lander—Major.....	Army
MacKinnon, Douglas D.—Lt. Comdr.....	Navy	Reinertsen, B. R.—Lt. Comdr.....	Navy
MacMillan, Douglas W.....	Army	Reynolds, Fred'k. G.—Captain.....	Army
Magnuson, Harold J.....	Navy	Rhind, Ralph—Lieut.....	Navy
Malis, Sol.—Major.....	Army	Richardson, Gordon L.—Captain.....	Army
Mandel, Charles—Captain.....	Army	Riddell, Herman I.—Lieut.....	Army
Maner, Geo. D.—Lt. Comdr.....	Navy	Riskind, Lester A.—Lieut.....	Navy
Manning, John G.—Major.....	Army	Roberts, Gilbert J.—Lt. Comdr.....	Navy
Mapes, Russell W.—Major.....	Army	Roberts, John F.—Major.....	Army
Marco, Joseph.....	Army	Roehm, E. A.....	Army
Marians, Abraham—1st Lieut.....	Army	Roen, Paul B.—Lt. Comdr.....	Navy
Mark, Bernard J.....	Army	Rogers, Maurice B.—Captain.....	Army
Marshall, James M.—Lt. Comdr.....	Navy	Rogers, Thomas J.—1st Lieut.....	Army
Martin, Harry W.....	Army	Rose, Sidney J.—1st Lieut.....	Army
Mason, J. I.—Captain.....	Army	Rosenberg, I. G.—Lieut.....	Navy
McCune, Scott S.—Major.....	Army	Rosenthal, A. M.—Lt. Comdr.....	Navy
McCuskey, Charles F.—Major.....	Army	Rosoff, Leonard—Captain.....	Army
McElhinney, P. P. B.—Lt. Comdr.....	Navy	Rosove, Leon—Lieut.....	Navy
McEvers, Albert E.—Colonel.....	Army	Ross, Rex L.—Lieut.....	Navy
McGowan, Donald O.—Captain.....	Army	Rosser, Bernard H.—1st Lieut.....	Army
McKeever, Francis.....	Army	Rothman, Phillip E.—Lt. Comdr.....	Navy
McKenna, Stephen E.—1st Lieut.....	Army	Rubenstein, Victor G.—Captain.....	Army
McKibbin, John—Captain.....	Army	Ruddock, John C.—Comdr.....	Navy
McMaster, Paul E.—Lt. Comdr.....	Navy	Ryan, Clark D.—Lt. Comdr.....	Navy
Melhorn, Kent C.....	Navy	Sacasa, Carlos F.—Captain.....	Army
Miller, Alden H.—Lieut.....	Navy	Salomon, Werner—1st Lieut.....	Army
Miller, C. Duane—Lt. Comdr.....	Navy	Sands, Robert L.—Major.....	Army
Miller, David—1st Lieut.....	Army	Saverien, Arnold E.—Comdr.....	Navy
Mitchell, William J.—Captain.....	Army	Saylin, Joseph—Colonel.....	Army
Mitchelson, Delmar S.—Captain.....	Army	Schade, Frank F.—Major.....	Army
Mooney, H. S.....	Army	Schenk, Harry Leon—Major.....	Army
Moore Oliver M.—Captain.....	Army	Schild, Emmett L.—Major.....	Army
Moore, Robert L.—Major.....	Army	Schmidt, Allen R.—Captain.....	Army
Moran, Frank A.—Captain.....	Army	Schmidt, Philipp E.—Major.....	Army
Mortensen, Wm. L.....	—	Schmoele, John M.—Comdr.....	Navy
Motchan, Louis A.....	Army	Scholtz, Julius R.—Major.....	Army
Mourer, Lyle A.—Captain.....	Army	Schroeder, Ralph L.—Captain.....	Army
Mozar, Harold—1st Lieut.....	Army	Schwartz, J. L.—Comdr.....	Navy
Mulligan, Harold R.—Lt. Comdr.....	Navy	Seitter, Paul F.....	Navy
Murray, Saunders—Captain.....	Army	Shachtman, Joseph M.—Captain.....	Army
Nador, George—1st Lieut.....	Army	Shackford, Bartlett C.—Lt. Comdr.....	Navy
Nasatir, A. Victor—Captain.....	Army	Shelton, Robert M.—1st Lieut.....	Army
Nees, Oliver R.—Comdr.....	Navy	Shear, Sidney P.—1st Lieut.....	Army
Nesburn, Henry R.....	Navy	Shuman, John Wm., Jr.—1st Lieut.....	Army
Nisbet, Thomas W.—Major.....	Army	Shuman, John Wm., Sr.—Lt. Col.....	Army
Nixon, Norman—Major.....	Army	Sicherman, Karl L.—Major.....	Army
Norwood, Jackson.....	Navy	Silver, Bernard—Lieut.....	Navy
Pahl, Blythe W.—Lieut.....	Navy	Simon, Julius—Lieut.....	Navy
Paine, Norman C.—Lt. Comdr.....	Navy	Simonds, Robert—Captain.....	Army
Palette, Edw. C.—Major.....	Army	Slaughter, Howard C.—Lt. Col.....	Army

Sloan, Ralph V.—1st Lieut.....	Army
Smallwood, W. C.....	Navy
Smedley, Robert C.....	Navy
Smith, Harold D.....	Army
Smith, Roy D.—Lieut.....	Navy
Snyder, Wm. H., Jr.—Captain.....	Army
Soll, Sydney N.—1st Lieut.....	Army
Sorenson, Edward J.—1st Lieut.....	Army
Southgate, Paul.....	Navy
Spalding, W. Cullen—Major.....	Army
Sperling, Samuel J.—Captain.....	Army
Stanton, E. H.....	Army
Staub, John G., Jr.....	Army
Steckel, Morris Leo—Captain.....	Army
Steele, Edson H.....	Navy
Stehly, Charles C.—1st Lieut.....	Army
Stern, Robert Leo—1st Lieut.....	Army
Stevens, Joseph B.—Lt. Comdr.....	Navy
Stewart, Charles M.—Captain.....	Army
Stilwell, Leland E.—Major.....	Army
Stocker, Howard O.—1st Lieut.....	Army
Stout, Gurn—Lt. Comdr.....	Navy
Sullivan, Daniel F., Jr.—Lieut.....	Navy
Syman, Leo W.—Captain.....	Army
Szukalski, Joseph P.—Major.....	Army
Taber, Kenneth W.—Captain.....	Army
Taylor, Charles M.—Captain.....	Army
Thorner, M. C.—1st Lieut.....	Army
Tidd, Charles W.....	Navy
Toma, John J.—1st Lieut.....	Army
Townsend, Kenneth.....	Army
Turner, Ewing L.—Captain.....	Army
Tyroler, Frederic N.—Lieut.....	Navy
Tysdale, Richard V.—Lieut.....	Army
Vaughn, John.....	Navy
Vidgoff, I. Jack—Captain.....	Army
Walker, J. E.—Lt. Comdr.....	Navy
Waller, Lorenz M.—Major.....	Army
Ward, Henry Charles—1st Lieut.....	Army
Ware, E. Richmond—Lt. Col.....	Army
Watson, L. C.—Lieut.....	Army
Weber, Henry M.—Comdr.....	Navy
Webster, Geo. E.....	Army
Weinberg, Samuel J.—Captain.....	Army
Weinberg, Sydney L.—Major.....	Army
Westerhout, F. C.—Captain.....	Army
Wexler, Manuel R.—Captain.....	Army
White, Carroll W.—1st Lieut.....	Army
Whitlow, Joseph Edwin—Major.....	Army
Whittaker, Thomas W.—Captain.....	Army
Wilkinson, Allan B.....	—
Wilson, Clinton—Major.....	Army
Wilson, Warren A.—1st Lieut.....	Army
Wineland, A. J.....	Navy
Wirth, Robert G.—1st Lieut.....	Army
Wolfson, Samuel A.—1st Lieut.....	Army
Wright, John.....	Navy
Wyers, Robert E.....	Army
Zide, Harry Arthur—Captain.....	Army
Zombro, Frederick B.—Captain.....	Army

Dr. Morton R. Gibbons Tells OCD Rules

Emergency medical services in San Mateo County civilian defense today faced the necessity of reorganization of personnel and procedure to conform to Office of Civilian Defense regulations, laid down Tuesday night in Burlingame by Dr. Morton R. Gibbons, deputy state chief of emergency medical service.

Addressing assembled local emergency medical chiefs and their deputies at county civil defense headquarters, Dr. Gibbons pointed out that the national plan calls for dispatching doctors to the scene of incidents as soon as

possible. Heretofore first aid and ambulance teams have been dispatched by control centers to bring casualties to doctors at hospitals or casualty stations.

Hospital Dispatching

Dr. Gibbons recommended that squads of doctors and nurses be organized and dispatched from hospitals.

"Doctors must take charge," he emphasized, citing heavy fatalities in England and Spain resulting from lack of professional aid at the scene of casualties, or in casualty stations where inadequate equipment and personnel made adequate examination and treatment impossible.

First aid teams as such, except in factories, will henceforth be known as "stretcher bearers" to conform to OCD terminology.

Casualty stations will not be manned until after an incident has occurred.

Control Room Dispatcher

Emergency medical service chiefs, sitting at the control centers, will dispatch squads from hospitals. Squads comprise from two to four doctors, nurses, auxiliaries, equipped to man a casualty station or to set up a first aid post at the scene of an incident.

Ambulances will be dispatched by the transportation officer or Red Cross officer on the control board, as the case may be.

These and other details were explained to the emergency medical service director. . . . —Redwood City Gazette, August 7.

Los Angeles Civilian Defense Facilities

Los Angeles, July 29.—(AP.)—California steel mills and foundries may have to close down unless the public can provide 100,000 tons of scrap metal every month.

James Mussatti, general manager of the California State Chamber of Commerce, gave that information on the war metals crisis to the state council of defense at its conference yesterday.

Facilities Ready

Major Charles F. Sebastian of the United States Public Health Service told the conference that in the event of air raids Southern California's 4,000,000 population will be served by an available 17,107 regular hospital beds, 6,357 extra beds and 4,891 cots, 8,396 stretchers, 2,228 physicians, 4,454 graduate nurses, 332 commercial ambulances, 1,287 volunteer and fully equipped ambulances, and 1,320 additional emergency medical vehicles.

He said there are 446 casualty stations.—Sacramento Bee, July 29.

Army and Navy Will Need Thousands of Medical Men

A wartime census of its members by the American Medical Association reveals that the United States today has more than 176,000 physicians, an increase of 64,000 since 1930. Of this number, approximately 81,000 are under 45 years of age. Fully two-thirds of these, under present Army and Navy plans, will be called into the armed services to build up understaffed medical corps. Since the country is going to find itself in the near future without the services of some 50,000 to 60,000 physicians now engaged in civilian practice, the public will have to take upon itself some of the duties of safeguarding the nation's health. A nation of healthy workers is a priceless asset at any time, but never more so than in a war period. . . .

Of the 152,923 physicians in private practice in the United States in July, 1942, there were 37,753 under 35 years of age.—Martinez Gazette, July 31.

Medical Schools Setting Record

Chicago, Aug. 13.—(AP.)—The American Medical Association estimated today that approved medical schools, operating under wartime accelerated programs, will graduate a record total of 21,029 students during the next three years.

The number is "5,082 more than would have graduated without the adoption of the accelerated programs," the A.M.A. Council on Medical Education and Hospitals reported.

"Never before in the history of this country have as many as 21,000 physicians been graduated from its medical colleges within a three-year period."

The A.M.A. Journal, estimating that 3,460 physicians died in the United States during 1941, said the 21,029 graduates would provide more than two new physicians for every death.—Los Angeles *Examiner*, August 14.

A War to Save Lives

Rear Admiral Ross T. McIntire, personal physician to the President and Surgeon General of the U. S. Navy, arrived in San Francisco yesterday on an inspection tour of Pacific Coast naval medical installations.

The Navy, he said, is waging a war at home in its medical laboratories—a war against the limits of medical science in order to keep its seagoing Samaritans "at least one jump ahead of the game."

"We've got to keep ahead of our problems in the field," he declared.

This involves endless laboratory research, the evolution of new medical techniques and the quick transmission of new knowledge gained to the field of operations.

While doctors aboard America's fighting ships are saving lives, naval doctors at home are exploring the qualities and uses of sulfa drugs, blood substitutes, treatment of chest wounds, abdominal wounds, means of increasing pilots' stamina and a myriad of other life saving elements.

Fatality Decline

"Wounds of a chest and abdominal character which were extremely serious during the first World War today result in less than 10 per cent fatality, due to medical advancement," the admiral said.

The Navy consistently is finding new uses for the sulfa drugs, Admiral McIntire said, and also is finding "ways and means" of increasing the stamina of its air pilots.

Every naval unit numbering 150 men or more has its medical officer, he reported. Certain types of units whose operation involve a higher than average degree of danger, are assigned additional medical personnel.

"If a man is wounded in action today, even if he is wounded seriously, he has every chance to live."

The Navy's great floating hospitals today are "scattered all over the world." All have been doing yeoman service when called upon.

While here Admiral McIntire will inspect the Mare Island, Treasure Island and Oak Knoll hospitals. "You have here, in your own midst, at Oak Knoll, several wounded men who received their injuries at Midway," he declared.

Chief problem facing Navy medical officers today is the transportation of medical supplies across the continent and into the Pacific theater "so that they will be at their destination before they are needed," Admiral McIntire said. "This problem is being solved," he added.

Syphilis constitutes a minor problem to Naval medicos, the Admiral declared, only 5.2 per thousand men being affected. "We have reduced the Naval syphilis rate 7 per cent from its fiscal 1941 figure," he said.

Today's Naval syphilis rate is the lowest it has been

in the last 40 years, according to a recent review of medical records, he reported.

President Roosevelt's health is "better than it has been during the past three years," the Admiral said.—San Francisco *Chronicle*, August 21.

Suggestions to the Public. By the National Committee on Participation of Medical Profession in the War Effort

The War Participation Committee of the American Medical Association (including Drs. Walter F. Donaldson, Pittsburgh, Chairman; Edward R. Cunniffe, New York; Clyde L. Cumber, Cleveland; John H. O'Shea, Spokane, Wash., and William R. Molony, Sr., Los Angeles, and as ex officio members the President, the President-Elect, the Chairman of the Board of Trustees, the Secretary and the Editor of the Journal of the American Medical Association), has given consideration to the problem of the supply of physicians for the armed forces, for industry, and for the need of our civilian communities.

While there does not seem to be an immediate shortage of physicians for the nation as a whole, the voluntary departure of some physicians from certain areas has created in those areas a special problem. With the armed forces rapidly expanding, the number of areas in which the available physicians will be at a minimum is likely to increase.

In order to aid the best and most efficient possible utilization of available medical services, the War Participation Committee of the American Medical Association makes the following suggestions:

1. Call the doctor to your home only when necessary. Go to his office when you can.
2. Help the doctor to plan proper use of his time by calling him before nine o'clock in the morning whenever possible.
3. Have an examination at the first sign of sickness. This helps to prevent long and serious illnesses.
4. Some conditions are best treated in the hospital. Doctors can see more patients in the hospital in the same amount of time than elsewhere. Coöperate by providing in advance against the cost of hospitalization. Go to the hospital when the doctor recommends it.
5. Have yourself immunized against smallpox and lockjaw. Make certain that all children are vaccinated against smallpox and diphtheria. When outbreaks of diphtheria or other infections threaten, coöperate with health officers and doctors in prevention.
6. Avoid overeating, overdrinking, overworking and overexercising. Get a good diet. Follow the rules of personal hygiene.
7. Women should take first aid courses and nurse's aid training courses of the Red Cross. This will help to relieve the burden on the physician and nurses in the hospital and in the home.
8. Every doctor not already in the armed forces is probably doing extra work in industry, public health and in his private practice. Help him to conserve his health by avoiding any unnecessary responsibilities for him.

Military Clippings—Some news items of a military nature from the daily press follow:

War Requires Blood

There is no patriotic San Franciscan who would not gladly shed his blood on the field of battle if he might thereby enhance his country's prospects of victory.

And so there should be none who will fail to heed the appeal for blood donations that will be made throughout this week by the city's three blood procuring agencies—the Red Cross Blood Procurement Center, the Irwin

Memorial Blood Bank and the San Francisco Hospital Blood Bank.

For blood so given is as direct and valuable a contribution to the war as that spilled in the conflict.

In one sense it is more valuable. For we at home give our blood for the constructive purpose of restoring our wounded fighters to health and life.

Blood gathered by the agencies will be used, for the most part, in the making of plasma which will be sent to our military hospitals and ships all over the world, to be used in lifegiving transfusions for our wounded.

Certainly no finer nor more patriotic contribution to the war effort is conceivable. And surely no thrill could be greater than the knowledge that some son has been restored to his mother, or some husband to his wife, because our blood has healed him and restored his strength.

The development of the plasma technique, which enables our doctors to save many boys who surely would have died in earlier wars, is one of the few scientific achievements operating to relieve the stark horror of this conflict.

There should be, there MUST be, a great response to this vital appeal throughout this "Blood Donor Week." As more and more boys fall in battle, the need for plasma grows, and it will continue to grow until the war is won. So let every healthy person call GRaystone 9373 and make an appointment for a blood donation.—San Francisco *Call-Bulletin*, July 27.

Blood Donor Week

A stream of blood and blood plasma to flow from San Francisco to the far-flung battlefields where American boys are shedding their own blood for preservation of the nation is the objective of this Blood Donor Week.

People of this city, living amidst peaceful surroundings, are asked to donate their blood to replace the blood our soldiers, sailors and marines are losing in conflict.

Those who have not yet made this life-giving contribution are urged to visit one of the blood banks during the week, and those who previously have generously shared their blood with the country's defenders are asked to give again.

The blood banks are the Red Cross Blood Procurement Center, 2415 Jones St., the Irwin Memorial Blood Bank, and the San Francisco Hospital Blood Bank. The first two send blood and plasma to foreign fields, the latter supplies the local hospitals.

No hardship or physical injury is suffered by donors. It is, indeed, not an unpleasant experience. Compared with the sacrifice our armed forces are making it should be considered a high privilege.—San Francisco *News*, July 29.

Vaccine Use Given Support

Chicago, July 28.—(UP.)—The Journal of the American Medical Association said in an editorial today that the development of jaundice among army personnel apparently from the use of vaccine against yellow fever was far less serious than an epidemic of the fever would be among soldiers fighting in tropical areas.

"There is every reason to believe that vaccination against yellow fever is warranted," the editorial said, "and that the occurrence of 62 deaths and some 28,000 cases of jaundice associated with the vaccination of millions of men is far less serious than would be an epidemic of virulent yellow fever among soldiers sent to the tropical areas in which our army is now engaging the enemy."

The editorial said the vaccine had been tested in "hundreds of thousands of cases" and had been adequate.—Oakland *Post-Enquirer*, July 28.

Dental Students Enroll for Armed Services

San Francisco, Aug. 25.—Practically the entire student body at the University of California College of Dentistry has now enlisted in the Reserve Corps of the Army and Navy, Dean Willard C. Fleming announced today.

The total enrollment at the College is now 200, said Dean Fleming. The students who have enlisted will remain on inactive service until graduation when they will be called to active duty. Special instruction is being given the enlisted students to prepare them for duty in the Army and Navy. . . .—U. C. *Bulletin*.

British Limits M. D. Supplies New Rations to Go Into Effect

British physicians and nurses are restricted to a maximum of three pairs of rubber gloves apiece at a time, under the new rationing policy of the British Ministry of Health. The Japanese occupation of Malaya has also

made it necessary to restrict rubber supplies to hospitals and clinics, according to a report from London published in the Journal of the American Medical Association.

Medical use of alcohol is also restricted. The Minister of Health has issued an alternative list of spirits and tinctures to be used, which have substantially the same effect although they contain less alcohol.—San Francisco *News*, August 7.

Deferments Withdrawn

Sacramento, Aug. 25.—(INS.)—Withdrawal of men originally deferred for occupational reasons was ordered today by Lieutenant Colonel K. H. Leitch, state director of selective service.

He declared these men originally were "loaned" to industry but that now they were needed to meet the increasingly heavy demands of the armed forces.

Occupational deferments to men engaged in agriculture and other seasonal work where replacements are not available will not be disturbed at this time.

Up to Boards

Leitch told boards to deny applications for occupational deferments in cases where only a short replacement training period is required and where the registrant does not have a background of the kind of work in which he is engaged or related work.

In considering applications for extensions of occupational deferments the boards were told not to grant an extension unless the employer convinces the board that a reasonable but unsuccessful effort has been made to secure and train a replacement.

The boards were directed not to release class 1-B registrants for the purpose of enlisting. This rule was laid down to prevent necessary employes from leaving war and essential industries en masse, crippling production.

Aid War Work

The withdrawal of these registrants will be effected in an orderly manner.

Leitch said in the past selective service has protected vital industries and that so far as possible this will be done in the future.

Married Men in 3-A Class Face Call by Christmas

Hershey Indicates Draft for Navy Planned

Chicago, Aug. 21.—(INS.)—Married men now classed in 3-A will face a draft call by Christmas, Maj. Gen. Lewis B. Hershey, national director of Selective Service, warned today.

General Hershey added that men with wives and children, would be the last to be called, and that drafting of men for the Navy, Marine Corps and the Coast Guard is "coming into the picture."

The general, addressing the National Institute for Commercial and Trade Association executives at Northwestern University, added that "this drafting of men for the other services has not been arranged as yet, but is in the offing."

"Industry will have to begin immediately the giving up of men who are suitable for the armed forces," the general said, continuing:

"Vital war industries have been notified they too must give up skilled men if they come under the classification of married men with wives only and unmarried men with one dependent, such as mother or sister. Their places must be filled with older men, the physically unfit for service, or women."

General Hershey said draft boards have begun the reclassification of deferred men because they are skilled workers in war plants.

"The drafting of married men will take place in late October or early November, certainly by Christmas," the draft chief declared.

Near End of Rope

"Even one-armed or one-legged men will have to run machines in factories, if necessary, as we fill out the Army with able-bodied men now in plants."

"Draft boards now are sorting 3-A men to get 1-A men to fill quotas, and the boards are pretty near the end of the rope."

General Hershey reaffirmed the order in which 3-A men will be drafted:

- 1.—Single men with secondary dependents, such as aged or crippled relatives;
- 2.—Married men whose wives are employed;
- 3.—Men with dependent wives only;
- 4.—Men with dependent wives and children.—San Francisco *Examiner*, August 21.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

Basic Science Act—Proposition No. 3

Now is the time for all members of the medical profession to start campaigning for the passage of the Basic Science Act, Proposition No. 3 on the state ballot for November 3. Only about six weeks remain before Proposition No. 3 comes before the voters of California; every member of the profession must do all in his power in that time to gain a "YES" vote for the Basic Science Act.

Our biggest opponent at this time is public apathy. Voters are more interested in the war and its effects upon themselves and their friends and families than they are in political measures. The only way to fight this opponent is to talk to your friends, patients, acquaintances, and urge them to vote "YES" on No. 3. Talk about No. 3 on every occasion. Identify yourself and your profession with it.

There is no need of going into long discussions with people on the merits of the Basic Science Act. Merely explain to your friends that it is an educational measure to raise standards. Its educational nature is attested to by the fact that the official arguments in favor of No. 3, which will accompany the Voters' Manual mailed to all electors by the Secretary of State, are signed by three of the leading educators in California. The signers of these arguments are Dr. Ray Lyman Wilbur, Chancellor of Stanford University; Rufus B. von KleinSmid, President of the University of Southern California, and Tully C. Knoles, President of the College of the Pacific.

The Basic Science Act does not put any present practitioners of any of the healing-arts out of business. It does not limit the patient's choice of the healer or type of healer he selects. It merely guarantees to the patient that future licentiates in any of the healing-arts shall first obtain an elementary training in the basic sciences which underlie the healing-art. The examinations to test this knowledge are to be given by a non-sectarian board of examiners to applicants who shall be known to the examiners only by number. Every safeguard has been arranged to provide an impartial, completely fair, examination. The act will add nothing to the taxpayer's burden; the Basic Science Examining Board will be completely self-supporting.

Proposition No. 3 will not "legislate anyone out of existence," as some of its professed opponents are likely to claim. Its one effect will be to make better physicians, better dentists, better osteopaths and better chiropractors. Here are a few suggestions for each physician who wants to help in this campaign:

1. Enclose the small slips already sent you by the Public Health League of California in all mailings from your office.

2. Place these slips (and the small folders which you will soon receive) within reach of your patients in your waiting room.

3. Speak favorably on Proposition No. 3 on every occasion possible—in your home, in homes of friends, at service club meetings, lodge or club meetings, in street conversations, in your office, etc. Urge a "YES" vote.

4. Notify the Public Health League of California (244 Kearny St., San Francisco, or Chamber of Commerce Building, Los Angeles) of any openings you can

discover for a speaker before groups.

5. Notify the Public Health League or the secretary of your county medical society of your availability as a speaker. Full instructions will be furnished you.

6. Ask for the endorsement of all groups for Proposition No. 3. These endorsements are particularly valuable and obtainable if you get in and ask for them.

Remember, Proposition No. 3 is a non-partisan educational measure. Its success at the polls in November will rest largely with the members of the medical and allied professions and the amount of work they will do to promote it. There is no large amount of money available for advertising and other forms of campaign propaganda. There is only the collective effort of professional men and their friends. THAT'S WHERE YOU COME IN.

Affirmative Argument on Proposition No. 3: Basic Science Initiative

The object of proposition No. 3, the Basic Science Initiative, is to provide a means of insuring that all candidates seeking the right to care for sick and injured people in California shall first possess a reasonable knowledge of the sciences fundamental to the healing-art.

When Proposition No. 3 becomes law, all applicants for a license to practice the healing-art must first pass examinations in five basic sciences—Anatomy, Physiology, Biochemistry, Bacteriology and Pathology. This examination is for the purpose of making a reasonable test as to whether the person so examined has some knowledge of the elementary principles of the basic sciences, which underlie the healing-art.

The Basic Science examinations will be conducted by educators. The Board of Examiners will consist of five persons appointed by the Governor. All appointees shall be selected because of their knowledge of the Basic Sciences. Each appointee shall be and remain an associate professor or full professor in one or more of the Basic Sciences at a university or college in this state, of equal or higher rank than a state college, or an active full time member of the faculty in one or more of the Basic Sciences in a state college.

Only one member of the Board may be appointed from any one university, state college or other institution.

NO MEMBER OF THE BOARD SHALL BE ACTIVELY ENGAGED IN THE PRACTICE OF THE HEALING-ART OR ANY BRANCH THEREOF.

The Board of Examiners in the Basic Sciences will be self-sustaining. There will be no cost to the taxpayers of California.

Present practitioners holding medical, dental, osteopathic or chiropractic licenses are exempt from the provisions of Proposition No. 3. Other exemptions include pharmacists, nurses, dental hygienists, optometrists, barbers, cosmetologists. Persons who treat the sick by prayer in practicing the religion of any well-recognized religious sect or organization are specifically exempt.

Sixteen states and the District of Columbia now have Basic Science Acts, to insure their sick and injured citizens of treatment by healers who have an elementary knowledge of the fundamental sciences relating to the human body. California is the only Pacific coast state that does not now have a Basic Science Act.

We wish particularly to emphasize the fact that the Basic Science Act will in no way affect the systems of healing now legally recognized in California. None of the rights or privileges of persons now legally engaged in practice will be disturbed. The people of California will continue to be free to select any legally licensed healer or system of healing. They will have the assurance, however, that the State of California guarantees that future licensees of the healing-arts have an elemen-

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

tary knowledge of anatomy, physiology, biochemistry, bacteriology and pathology. Every voter should want this protection for himself and his loved ones in case of illness or injury.

Vote "YES" on Proposition No. 3 and raise California's basic educational requirements in the healing-arts to the level of other progressive states.

(Signed)

DR. RAY LYMAN WILBUR,
Chancellor, Stanford University.
DR. RUFUS B. VON KLEINSMID,
President, University of Southern California.
DR. TULLY C. KNOLES,
President, College of the Pacific.

Eighteen Measures on November Ballot

There will be 18 propositions on which will if passed involve changes the ballot at the November election in the state government, including complete reorganization of legislative and budget methods, establishment of a new authority to regulate practitioners of material healing systems, setting up of a new Forestry board, and controversial labor legislation.

Fourteen of the propositions are proposed amendments to the State Constitution which have passed the legislature. Two measures are the outcome of full initiatives. One is an initiative which was routed through the legislature with only half the number of signatures normally required. One proposition is on the ballot by referendum.

Proposition 3, establishing a "basic science board" of five members to regulate and control members of material systems of healing in an initiative measure sponsored by the California Medical Association, the California State Dental Association, the Southern California State Dental Association, and the Public Health League of California.

Representing 10 years' exploratory work by the organized physicians, surgeons, and dentists of the state, Proposition 3 is intended to set a minimum standard of training for any applicant whose profession calls for diagnosing, adjusting, palliating, correcting, operating, or prescribing for anyone claiming any sort of disease.

Members of any well-recognized religion who treat the sick by prayers are exempted from the requirements of the "basic science" proposal because they do not diagnose sickness nor prescribe physical correctives. Adherents of Christian Science are included in this group.

One of the most important measures on the ballot is Proposition No. 2, which provides for annual meetings of the State Legislature and annual budgets by state departments. If passed, this measure will do away with California's biennial system of legislative government and budgets. . . .

Most controversial issue on the ballot is Proposition No. 1, a referendum, to prohibit secondary boycotts or "hot cargo" by labor unions. . . .

An initiative measure to repeal the state income tax, Proposition No. 4, reaches the voters after they have been informed that for the first time in many years the state government is out of debt and has a surplus. . . .

Proposition 5, an enactment of the legislature, provides \$200 a month salaries for legislators. This doubles the amount legislators now earn. Under the present system, a legislator is paid \$12 a day. If the session meets 100 days, he earns \$1200. If it meets more than 100 days, he is only paid for 100. If it meets less than 100 days, he is paid only for the time served. In years the legis-

lature is not in session, a member is paid \$100 a month. This amounts to a maximum of \$2400 in two years.

Other propositions on the November ballot follow:

Proposition 6 sets up State Board of Forestry with seven members named by the governor with consent of senate; provides civil service exemption for State Forester.

Proposition 7 provides a procedure to tax insurance companies and has the support and endorsement of the companies.

Proposition 8 restricts use of fish and game funds to expenditures for fish and game conservation and enforcement.

Proposition 9 empowers legislature to diminish or increase salaries of the Superintendent of Public Instruction, State Treasurer, State Controller, and Secretary of State. At present the legislature has power to diminish these salaries but not to increase them.

Proposition 10 (an initiative measure by way of the legislature requiring only half the usual initiative signatures) provides for reorganizing building and loan associations.

Proposition 11 enables legislature to amend Boxing and Wrestling Initiative Act; permits championship boxing bouts of 15 instead of 12 rounds as at present.

Proposition 12 enables school districts, fifth and sixth-class cities, to hold stock in mutual water companies. This will permit small districts to obtain water on the same basis as large municipalities.

Proposition 13 provides additional Board of Equalization seat, eliminating controller.

Proposition 14 sets interest rate on court judgments at 5 per cent a year; interest rate on loan or forbearance of money, goods, or things in action, or accounts after demand, at 7 per cent a year, but permits parties involved to contract in writing on the interest rate which must not exceed 10 per cent.

Proposition 15 provides for transferring cases between State Supreme Court and District Courts of Appeal.

Proposition 16 establishes procedure for judicial review of decisions by administrative officers.

Proposition 17 makes State Treasurer trustee of certain money.

Proposition 18 makes State Controller a member of the State Reapportionment Commission in place of a surveyor general whose position was abolished some time ago. This commission goes into action only if the state legislature fails to move on reapportionment.—Victorville *News-Herald*, July 31.

COMMITTEE ON MEDICAL ECONOMICS

(COPY)

**Statement of the
California Medical Association
for the
Office Wage Board
of the**

Division of Industrial Welfare, State of California*

The California Medical Association, a voluntary mem-

* This statement by the California Medical Association has been prepared on the basis of sample surveys and of general knowledge possessed by the officers of the Association through knowledge of conditions prevalent in the 7,000 professional offices of its members throughout the State of California. The figures on out-patient visits in ten California hospitals have been secured from the August 15, 1942, issue (Educational Number) of the *Journal of the American Medical Association*. (See also, on pages 209 and 223.)

bership organization numbering close to 7,000 licensed doctors of medicine domiciled in California, wishes to present to the Office Wage Board a few pertinent facts affecting the medical profession for consideration in the adoption of any wage and hour order the Board may see fit to make.

1. Number of Employees:

It is estimated that there are 10,000 licensed, practicing doctors of medicine in California and that these employ approximately 15,000 female employees. The employees are trained either as secretarial workers or as nurses, physiotherapists, technicians or other assistants to the doctor of medicine in his professional work.

2. Existing Hours and Wages:

At the present time the office employees of doctors of medicine throughout California are employed for hours considerably shorter and wages considerably higher than the existing standards adopted by the Division of Industrial Welfare. There may be a few exceptions to this general rule, as follows:

(a) Employees of clinical pathological offices may be called upon to work additional hours in some instances where procedures in process cannot be interrupted. (Development of cultures, etc.)

(b) Employees of doctors of medicine in general or specialized practice may be called upon for extra hours where the health of the community may require the doctor to put in extra office hours or where gratis physical examinations made by the doctor on Selective Service registrants require him to maintain extra office hours. This extra-hour work of M. D.'s and their office nurses is bound to increase for the duration of the war because of the transfer to the armed forces of many doctors and nurses. Training of new nurses and technicians is not possible in time to alleviate the problem.

(c) Employees may be called upon to work extra hours in the event of epidemics or other community health needs of critical nature, where the doctor is called upon for additional time in his regular office hours. This situation may now be approaching a critical stage because of the number of doctors of medicine who have been called into the armed forces.

3. Nature of Employment in Medical Offices:

Female employees in the large majority of offices of doctors of medicine report for work at about 10 a.m., have one hour for lunch and work until about 6 p.m.; on Saturdays, many such employees are not required to perform any work and in those cases where they do work on Saturdays they are generally employed for only a three-hour or four-hour period.

In most medical offices there are few employees; the doctor of medicine generally employs only one assistant, who handles his clerical and bookkeeping work, acts as receptionist and office assistant and does such general duties as may be required. In larger medical offices, where two or more doctors employ office employees in common, there may be an additional office nurse, or a laboratory technician, or a bookkeeper, or one or more of each class of employee. It is reliably estimated that the doctor of medicine employs an average of one and one-half office assistants of all kinds.

The duties of female office employees in medical offices are regulated by the demands of patients on the time of the doctor. In times of epidemics, during winter months when respiratory diseases run at a high rate, and at all times when unusual demands are made on the doctor's time, it may be necessary to require additional working hours of the office assistants; under normal circumstances, these assistants may count upon a relatively short working week and relatively generous wages.

4. Nature of the Doctor's Duties:

It is a well-recognized fact that the doctor of medicine is on duty for 24 hours each day, seven days each week. He responds to calls at all hours of the day and night, maintains regular office hours, sets aside regular hours for visiting patients in hospitals and, in many cases, devotes a set number of hours weekly to the teaching of medical students or the attendance on patients in the free clinics of public and private hospitals. Ten hospitals in California handled 102,990 visits from out-patient surgical patients alone in the year 1941; this example indicates the large amount of time donated to this type of service by doctors of medicine. Considering all branches of medicine and all hospitals in California which render gratis out-patient service, the hours donated by doctors of medicine run into the hundreds of thousands and the monetary value of these gratis services into the millions of dollars.

5. Nature of the Doctor's Responsibilities:

The doctor of medicine maintains an inviolable confidential relationship with his patients. He is ethically and legally responsible for the maintenance of this relationship; *he is also legally and ethically liable for the maintenance of this relationship by his office employees.* This means that his office assistants must be chosen with due regard for their assumption of this responsibility and that he is not able to hire office assistants in the general labor market and to accept the services of any applicant offered. One disclosure of a patient's ailment may ruin the doctor both professionally and financially and seriously hurt the patient.

In turn, this means that the office assistants of doctors of medicine cannot be replaced on a moment's notice. The working situation in a doctor's office is not analogous to that in a business office, where additional clerical employees may be added with a lesser degree of discrimination.

6. Requests and Recommendations:

The doctors of medicine of California make no plea for the establishment of a Wage Order by this Board which will set a certain number of hours of maximum employment or a certain minimum weekly wage standard. They do, however, request the Board to take into consideration in its findings the facts recited above and to make due provision for these facts in whatever Wage Order may be forthcoming from the Board.

Specifically, the doctors of medicine petition the Wage Board to provide, in any order issued, for sufficient flexibility as to hours of employment to permit the doctors of medicine of California to maintain their physician-patient confidential relationships and to permit the working of additional hours over a weekly maximum if public health conditions so demand. If the Board sees fit to require that extra hours over a set weekly maximum shall be compensated for by the granting of a like number of hours of leisure in a later period, the medical profession would gladly assent to such an order.

Doctors of medicine are dealing with human life and health. The daily demands upon the doctors do not take into consideration the matter of hours. When epidemics or other health emergencies arise, the doctor of medicine becomes, in effect, a public health officer, upon whom may depend the health of an entire community. Under such circumstances it is patently unfair to demand that his office assistants must leave the office at the stroke of a clock, no matter how many patients may be awaiting the doctor's ministrations. If such demands are made, doctors of medicine will find themselves unable to secure additional assistants capable of maintaining the necessary confidential relationships with patients and of carrying

out the various duties of regular assistants. It should be borne in mind that, except for full time receptionists and bookkeepers in large urban offices, women employed by physicians are professional workers (e. g.—trained nurses and technicians) whose duties are an integral part of the physician's own duties. In this respect they are not comparable to employees in trades and businesses.

Forced Hospital Insurance Termed Inimical to U. S. Way

New York, July 18.—The plan of a compulsory hospital insurance tax urged by the Social Security Board would commit the United States Government to a "perfectly gigantic experiment in health administration which is entirely foreign to our democratic way of life," according to Dr. Chas. Gordon Heyd, former President of the American Medical Association.

Dr. Heyd presented a summary of drawbacks which he attributed to the proposed tax at a meeting of the Public Health Committee of the New York Academy of Medicine.

A pay-roll tax of 1 per cent—one half of 1 per cent on the employer and one half of 1 per cent on the employee—has been considered by the Social Security Board, and legislation to this end may be introduced later this year.

The tax would apply to the 40,000,000 workers now covered by the Social Security system of old age and survivors' insurance, and to any new groups of workers who might later be legislated into the system.

Payments to Insured

Out of the receipts of the tax a payment of \$3 a day or some such sum would be made by the Government. The money would be paid to the insured person, who would be expected to pay the hospital.

In addition to the insured, hospitalization would be offered to their dependents, retired workers who had been insured and their dependents, and to survivors of the insured, Arthur J. Altmeyer, Chairman of the Social Security Board, has indicated.

Much opposition to the project has arisen within the medical profession. Dr. Heyd listed objections in part as follows:

Knowledge that the patient would get \$3 a day if sick might cause a person to take advantage of the plan and malingering.

The hundreds of millions of dollars in taxes which would accrue annually would, if properly spent, provide much more than contemplated in the proposal.

Political administration would result in the diversion of a substantial portion of the money to other ends.

Naming these as some of the non-professional disadvantages, Dr. Heyd then reviewed professional demerits as including:

There is no provision in the plan that the hospital or the doctor should get the \$3 which is paid to the patient by the Government.

Assuming that the patient will turn over the \$3 to the hospital, this amount would still not cover the cost of adequate service in the great majority of hospitals in the country. Yet, if the hospital attempted to charge the difference to the patient, it would be apt to encounter difficulties due to the feeling by the patient that if the Government considered \$3 a day for hospital care sufficient, it was no doubt enough.

Disastrous Subsidies

Such a situation would leave it to the hospitals to make up the deficits, and if the Government attempted to make subsidies to the hospitals covering the difference between the actual cost and the \$3 they received, the ultimate effect on the voluntary hospitals would be disastrous. The

plan would literally kill the voluntary hospital system, and research and initiative.

If the voluntary hospital system was disrupted, there would be no standard for the governmental hospitals, for these latter hospitals have been using the voluntary hospitals as a basis of comparison.

Assuming that the plan would provide a fair and honest medical hospital insurance scheme, who would pay for the medical services? The difficulties associated with the remuneration of the staff would be apt to result in deterioration of the quality of medical service.

Medical education would be disrupted, and the medical schools would eventually require a subsidy by the Government. This would mean that proper selection of medical students would be done away with.—*Christian Science Monitor*, July 20.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Institutes on Wartime Industrial Health

San Francisco—August 18

Crockett—August 19

Oakland—August 21

San Diego—August 25

Inglewood—August 26

Glendale—August 27

Huntington Park—August 28

SPONSORED BY:

California State Department of Public Health

California Medical Association:

Committee on Postgraduate Activities and Committee on Industrial Practice.

Western Association of Industrial Physicians and Surgeons:

FOR:

The Practicing Physician, the Industrial Physician, the Industrial Manager.

Announcements concerning the "Institutes on Wartime Industrial Health" were given in the Committee on Postgraduate Activities' department of the last two issues of the OFFICIAL JOURNAL (in July issue, on page 101; in August number, on page 150). The reports below give additional information.

The committees in charge were pleased and encouraged by the attendance and interest shown in the seven cities visited. Plans are in the making for the continuation of the Institutes. The programs will be amplified and other cities selected for the next series of Institutes, which it is hoped to present before January next. Officers and members of local medical societies who may be interested are invited to forward their requests or suggestions to the C. M. A. Committee on Postgraduate Activities, 450 Sutter, San Francisco.

* * *

54-Hour Job Limit Advised by Doctor

War Workers' Health Theme of Experts Meeting Here

"We must not increase the hours of industrial labor beyond workers' physiological limits!" declared Dr. Carey P. McCord, Chrysler Corporation medical adviser, today. McCord was scheduled to be a principal speaker at the Institute on Wartime Health at the Clift Hotel this afternoon and evening.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Thinks 48 Best

"At present, a 48-hour week is as much as any worker should put in," he explained. "If a real need arises, that may have to be increased to 54 hours, but beyond 54 hours a worker's capacity is exhausted and little can be accomplished by added hours of work."

Other institute speakers scheduled are Dr. Robert T. Legge, J. J. Bloomfield, Dr. H. T. Castberg, C. H. Fry and Fred R. Ingram.

First of Seven

Sponsored by the County Medical Society, the Institute is the first of seven such meetings to be held in California cities under the auspices of the California Medical Society, the Western Association of Industrial Physicians and Surgeons and the State Department of Public Health.

This afternoon and evening, San Francisco doctors, safety engineers, industrial nurses and management representatives are to study many phases of the health protection of war workers.—San Francisco *Call-Bulletin*, August 18.

* * *

Doctors Warn on War Plant Health Losses

Avoidable Layoffs Cost U. S. 400 Million Man Days a Year, S. F. Conference Told

More than 400,000,000 man days of productive war work are lost annually to the Nation through sickness, industrial accidents and other avoidable layoffs, San Francisco's first Institute on Wartime Industrial Health was told yesterday.

The conference of 150 physicians, plant managers, industrial engineers, nurses and State and Federal authorities also was told that this manpower loss, if conserved, was enough, to build 5,000 flying cargo ships which Henry Kaiser has proposed.

State's Problem

Because California leads the Nation in volume of war production, the State is faced with greater wartime health and industrial problems than the rest of the country, J. J. Bloomfield, of the United States Public Health, warned the meeting.

"Yet any war plant job can be done safely if there is real team work between plant management, the medical service, the engineering service and the employment department," he declared.

Coöperative Groups

Yesterday's conference was sponsored by the California State Department of Public Health and the San Francisco County Medical Society and was held in coöperation with the California Medical Association and the Western Association of Industrial Physicians and Surgeons.

Dr. Robert T. Legge, emeritus professor of hygiene at the University of California and past president of the association, presided over the meeting. Other speakers were Dr. John W. Cline, president of the San Francisco County Medical Society; Dr. Harold T. Castberg and Fred R. Ingram of the State department of health; C. H. Fry of the State industrial accident commission; Frank P. Foisie, president of the Waterfront Employers' Association, and Dr. Nelson J. Howard, professor of clinical surgery, Stanford University School of Medicine.—San Francisco *Examiner*, August 19.

* * *

Health Board to Crockett

'Women Pampered in War Plants'

The Institute on Wartime Industrial Health moved to Crockett for a one-day stand today following a first-

day meet here yesterday.

Sponsored by the California Department of Public Health in coöperation with the California Medical Association and the Western Association of Industrial Physicians and Surgeons, the Institutes are being held in seven California cities to aid the practicing physician, the industrial physician and the industrial plant manager in meeting wartime problems.

The conference of 150 physicians, plant managers, industrial engineers, nurses and State and Federal authorities yesterday was told more than 400 million man days of productive war work are lost annually to the nation, all of them through sickness, avoidable layoffs or industrial accidents.

Manpower hours lost would be enough to build 5,000 flying cargo ships of the type proposed by Henry Kaiser, it was said.

The conference was told that women in war jobs are being spoiled and pampered to protect them against the "ills that women are heir to." Actually, that's all the bunk and women can do four out of five jobs that men can handle; they can work just as long, just as hard and perhaps a lot more efficiently, the conference was told by Dr. Carey P. McCord, medical director of the Chrysler Corp. and a nationally recognized authority on industrial health.

The institute will move to Oakland Friday, San Diego, Aug. 25, Inglewood, Aug. 26, Glendale, Aug. 27, and Huntington Park, Aug. 28.—San Francisco *News*, August 19.

Three Institutes Slated on Health of War Workers

Three institutes on wartime industrial health are slated for the week of August 24 in Inglewood, Glendale and Huntington Park.

Health of war plant workers will be discussed. Subjects to receive attention will include conservation of industry's manpower, industrial hygiene and war production, occupational diseases and their controls, and surgical management of industrial injuries.

Physicians, safety engineers, industrial nurses and employers will attend. Noted medical experts will speak.

The Inglewood institute will be held August 26, at the Inglewood Country Club. Dr. John J. Durkin, president of the Inglewood branch of the Los Angeles Medical Society, will preside.

Dr. Carey P. McCord, medical adviser of Chrysler Corp., and national authority on industrial health problems, will be the principal speaker at all three meetings.

The Glendale session will be held August 27, at the Tuesday Afternoon Club. Dr. O. D. McCartney, vice-president of the Glendale Medical Society, will preside.

Dr. I. S. Cheery, president of the southeast branch of the county medical society, will preside at the Huntington Park institute on August 28, at the Women's Club.

The health institutes are part of seven arranged by the State Department of Health.

Noted doctors and specialists scheduled to speak include J. J. Bloomfield, of the National Institute of Health; Dr. Robert T. Legge, professor emeritus, University of California; C. H. Fry, State Industrial Accident Commission; Dr. Benjamin Frees, president of the Western Association of Industrial Physicians and Surgeons; Dr. E. E. Dart and Frank Stead, both of the Los Angeles Health Department.—Los Angeles *Daily News*, August 14.

Greatest Postgraduate Course in World

A short time ago, the American Medical Association held its annual meeting in an eastern city. Despite gasoline rationing, more than 8,000 physicians from all sec-

tions of the country attended. And that meeting was of importance to all the American people because it was a symbol of this country's preëminence in medical progress.

Doctors didn't come there for amusement. They came to listen, to learn, to see—to "talk shop." Six or eight motion picture theatres were in operation, showing medical films. There were special assembly halls for lectures, and scientific demonstrations were given on diabetes, heart disease, etc. Visitors from other nations expressed continuous amazement at the scope of the display. As one authority put it, the scientific exhibit was "the greatest postgraduate training course ever assembled anywhere in the world."

In war time, a meeting such as this takes on more than ordinary importance. Doctors discussed the advances that are being made in war medicine in treating patients suffering from horrible wounds. They discussed how the civilian population may be adequately served at a time when thousands of doctors are being called are problems that affect us all.

American medicine holds and will maintain world leadership, and with the hard years ahead, it will do more for suffering mankind than it ever did before.—*Oakland Saturday Press*, July 18.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Keep Doctors Healthy

Paul V. McNutt, chairman of War Manpower Board, recently pointed out that unreasonable demands on physicians' time must be avoided.

The necessity for this is apparent. Thousands of doctors have entered military service. By the end of this year, 20,000 additional physicians will be needed to serve our men in uniform. That need must be met, and it will be met. And one inevitable result will be a sharp decline in the number of doctors available to serve civilians.

Doctors in the larger towns and cities are "doubling up" in their desire to do all possible for all who really need their attention, and in the case of many country doctors, they are being continually called in to help out the city doctors who have their hands full or to supplement hospital staffs that have been reduced in numbers because of the ever increasing number of doctors and nurses who have answered the call to the colors.

This does not mean that anyone will have to go without necessary medical attention. It does mean that all must help so far as they can, to see that doctors are able to use their working time to the fullest advantage. To quote Mr. McNutt, on the doctor's part "it will mean long hours and hard work—sacrifices which will multiply the deep debt that every community owes to its physicians. There will be a real need to exercise every possible means for minimizing all unnecessary medical services."

In other words, you are asked to forego for the duration the "luxury" of wasting your doctor's time and energies. That is a real and necessary contribution to the

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; James F. Doughty, Tracy; Lowell S. Goin, Los Angeles; Dwight H. Murray, Napa; Henry S. Rogers (ex officio), Petaluma. Communications to the committee may be addressed to Frank R. Makinson, M.D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

war effort, and to the protection of civilian health as well since the doctor can not be up and around "on his toes" if he has had to spend the night holding the hand of some neurotic woman whose husband has "abused" her by not noticing her new hair-do.—*Kerman News*, July 31.

COMMITTEE ON HOSPITALS, DISPENSARIES, AND CLINICS

A Rhode Island Suggestion*

(COPY)

(Doctor: Post this notice prominently in your waiting room.)

SAVE YOUR DOCTOR'S TIME

The present emergency places many added responsibilities upon the doctor of medicine. Before the end of this year about one-third of the active practising doctors of this State will be doing military duty. The older doctors will be called upon to do the major part of the civilian work.

The doctor must make his calls geographically. Hence he must outline his work in different sections of the city at a reasonable hour in the morning. He must avoid calls to the same section of the city twice in the same day.

Coöperate with your doctor during the wartime emergency in the following ways:

1. If you desire a house visit, call the doctor around eight o'clock in the morning. This is a reasonable hour for most physicians. A person or child who has a temperature of 100° or over in the morning may be expected to have a higher temperature in the afternoon, so do not delay until you take the afternoon temperature.
2. Go to the doctor's office when you can, thus saving him the time necessary to make a house visit.
3. If you desire information on the telephone, help save his time by having a pencil and paper ready to note what instructions are given. If the patient is a child, do not take him to the telephone with you.

(Signed) PROVIDENCE MEDICAL ASSOCIATION.

Some New Hospital Procedures

(COPY)

Attending Medical Staff

THE CALIFORNIA HOSPITAL

1414 South Hope Street, Los Angeles

To the Members of the Staff, California Hospital:

Due to the present hospital operating conditions, it is important that the following regulations of the Executive Medical Board be carried out. You will realize that the present shortage of nurses, costs of supplies and the over-crowded conditions make it necessary to establish certain routine in order to render the best service to your patients.

A. Standardization of surgery routine:

In order to conserve supplies, the standard skin preparation prior to surgery will be the Harrington's Solution. Two alternate solutions will be on hand but they must be ordered specifically by the surgeon. These alternate solutions will be Tincture of Merthiolate and Tincture of Iodine.

B. Scheduling surgery:

New regulations of the American College of Surgeons make it necessary that all operating schedules show not

* Reproduction of text of a full page card in *Rhode Island Medical Journal*.

only the name of the operation, but the preoperative diagnosis or disease. Please give this information to the admitting nurse when scheduling surgery.

C. Time of entry of patients:

1. All patients being admitted for major surgery (except emergencies) must be entered in the hospital at 4:00 p.m. on the day previous to this surgery schedule. The admitting clerk is instructed to cancel the operating room schedule for the following day if the patient fails to arrive by 4:00 p.m.

2. Admitting minor cases (except emergencies) these cases should be in the hospital two hours before surgery. However, in tonsillectomy or similar operations, it is urged that these cases be admitted the day previous to surgery. If this is not feasible, it is requested that the patient report to the hospital one or two days before surgery for necessary laboratory work and history and physical by the intern.

D. The following regulations will also be effective in connection with floor nursing service:

1. All patients, whether private room or ward, who are up and around will bathe themselves.

2. No baths will be given on Sunday except to acutely ill patients and new postoperatives.

3. No back rubs will be given to patients in the evening, who are up and around.

4. No dressings will be done at tray time or after 7:00 p.m., except in cases of *absolute* emergency.

5. Carbogen inhalations require a great deal of nursing time and should only be ordered for patients with severe respirator depressions. Recommended procedure: Carbogen every 20 minutes (to point of hyperventilation) for first three hours.

Patients having spinal anesthesia: recommended procedure is deep breathing voluntarily instead of carbogen. It is recommended that where the above procedures cannot be carried out, special nurse should be ordered.

Your usual coöperation will be appreciated.

Very truly yours,

THE CALIFORNIA HOSPITAL.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

The Nurses' Aides

One of the most important jobs is that of being a nurses' aide. The Red Cross gives this training in hospitals of large cities, but it is likely that an unofficial form of training can be worked out for smaller hospitals, nursing homes, emergency outposts and private hospitals. This training must, however, be given only under the supervision of physicians and competent registered nurses.

The nurses' aide, when trained, does not replace the skilled care of the professional nurse. But she provides two hands and an intelligent head to turn to the smaller routine tasks which consume so much nursing time in hospitals. Doctors and nurses by the hundred keep going overseas. The supply of both is rapidly being depleted. If there should be an epidemic such as those of the last war, the country might be in as bad a way as it was then. Now, before any such disaster strikes, is the time to prepare. With the help of nurses' aides available, one experienced registered nurse can do the work of three. The doctor whose trained nurses are thus free for the more skilled and difficult jobs also finds his own time and energies multiplied.

A reporter investigating the matter brings in this informal word:

"As far as I can see the nurses' aides are about the only large organized group of volunteers who really work and keep to schedule and can be counted on. Real nurses think they're wonderful—which is something for a graduate nurse to say about volunteer help."

Knowing how to care for the sick never hurts any woman. In war or peace, life never fails to bring emergencies which make skill and knowledge useful.

A Priority on Nurses

To the 70,000 American nurses eligible for Army and Navy service:

There is a priority on unmarried nurses between the ages of 21 and 40 today. It is the priority of the Army and Navy on your services.

As America's armed forces extend their activities along every front in the fight for freedom, the need for your services is increasing. The Army and Navy must be supplied with at least 3,000 nurses a month.

That is why we appeal to you, the 70,000 nurses eligible for war service, to enroll with the Red Cross Nurses' First Reserve now. If you are a graduate registered nurse, in good health, unmarried, and under 40, write today to the Red Cross Nursing Service, Washington, D. C.

COMMITTEE ON PUBLICATIONS

Preparation of Papers for Publication*

In our efforts to improve the Journal we are faced with problems for the solution of which we ask the contributors' aid. Due to rising prices in general and to the increased cost of paper in particular, Journal costs are increasing. Space for scientific articles has been somewhat reduced by the creation of new departments made necessary by the war. For these and other reasons, we are submitting a list of suggestions to authors. If these are carefully followed, papers will decrease in length and increase in effectiveness.

Scientific articles should not exceed ten Journal pages and will be more carefully read if they are shorter than that.

Papers must be typewritten on one side only of white paper 8½ x 11 inches, double spaced throughout. The margins should be 1½ inches top and left side, 1 inch bottom and right side.

The pages, including tables, legends and bibliography, should be numbered consecutively.

The title should be brief and typed in capital letters. Under the title should appear the name of the author and the city in which he lives. His street address should appear at the end of the article.

There should appear in the text reference numbers typed above and to the right of the word to which there is a reference. The bibliography should be collected at the end of the article with the same reference numbers. The list should include the following items:

Books—author's surname followed by initials; title of book; edition; location and name of publisher; year of publication; volume; and page number. Thus, Osler, W.: *Modern Medicine*, ed. 3, Philadelphia, Lea & Febiger, 1927, vol. 5, p. 57.

Periodicals—author's surname followed by initials; name of periodical, volume, page, month (day if neces-

* This article appeared in the *Illinois Medical Journal*, Vol. 80, No. 4.

sary), year of publication. Thus, Leahy, Leon J.: New York State J. Med. 40:347 (March 1), 1940.

Spelling should be correct. When in doubt consult a standard dictionary. The Journal has not adopted the short form of through, thorough, etc.

Phony locutions. "He operated ten cases." The surgeon operates in a case but on a patient. The patient is not the case. The patient dies or recovers, the case terminates fatally or ends in recovery. "Cases in whom" should be "cases in which." "Patient in whom" is correct.

Many physicians have envied Sir William Osler his apparently easy command of English writing. In the Osler Library is a collection of some of his manuscripts showing the various stages of preparation. First there are notes of various kinds, then a rough outline in long-hand, next a typewritten copy with interlineations, transpositions and deletions, a second typewritten copy also showing much modification, and finally a third typewritten copy, probably used by the printer. Even this third copy bears minor corrections.

Illustrations. All cuts required for illustrations are furnished at the author's expense. For detailed instructions regarding photographs, drawings cost, etc., apply direct to the editor.

(Signed) THE EDITOR AND THE EDITORIAL BOARD.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (23)

Alameda County (8)

Harry J. Borson, *Berkeley*
A. Marion Field, *San Leandro*
Wm. Henry Hatteroth, *Oakland*
Julius Lewis, *Berkeley*
Robert Lewis, *Berkeley*
C. C. Morison, *Oakland*
Charles Callender Smith, *Oakland*
C. M. Wiseman, *Oakland*

Los Angeles County (1)

Floyd E. Harding, *Los Angeles*

Monterey County (1)

Charles Gratiot, *Monterey*

San Bernardino County (2)

Howard S. Downs, *Ontario*
Scott Ryerson, *Daggett*

San Diego County (6)

Clarence M. S. Ching, *San Diego*
McCleery Glazier, *San Diego*
George J. Laird, *San Diego*
Harry O. Lovell, *Pacific Beach*
Paul Harold Peterson, *San Diego*
M. D. Redding, *San Diego*

San Francisco (4)

Emma O. Dong, *San Francisco*
Edmund Dean Godwin, *San Francisco*
John J. Haman, *San Francisco*
Augustus Stiegler, *San Francisco*

Ventura County (1)

Kenneth F. Schneider, *Carmillo*

Listen attentively to the patient; he has lived with his disease longer than you have.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Gidley, Donald Stanley. (Major, M.C., U.S.A.) Died at Fort Lewis, Washington, July 5, 1942, age 37. Graduate of the University of Oregon Medical School, Portland, 1930. Licensed in California in 1931. Doctor Gidley was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Harbert, Ellis. Died at Stockton, July 16, 1942, age 76. Graduate of Vanderbilt University School of Medicine, Nashville, Tennessee, 1893. Licensed in California in 1894. Doctor Harbert was a retired member of the San Joaquin County Medical Society, and the California Medical Association.



Hogan, James Joseph. Died at Cincinnati, Ohio, July 14, 1942, age 70. Graduate of Cooper Medical College, San Francisco, 1892. Licensed in California in 1892. Doctor Hogan was a retired member of the San Francisco County Medical Society, and the California Medical Association.



Spiers, Homer Waldo. Died at Los Angeles, July 10, 1942, age 57. Graduate of Columbia University College of Physicians and Surgeons, New York City, 1911. Licensed in California in 1912. Doctor Spiers was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



OBITUARY

Donald S. Gidley

1905—1942

Doctor Donald S. Gidley died at Fort Lewis, Washington, July 5, 1942, at the age of 37. He was a graduate of the University of Oregon Medical School, class of 1930, and was licensed in California in 1931. Dr. Gidley enlisted in the Medical Reserve Corps as a First Lieutenant in October, 1939, was promoted to a captaincy in October, 1940.

On March 1, 1941, he entered active service in the Medical Corps and received his majority on June 15, 1942. At the time of his death, he was the Regimental Surgeon at Fort Lewis. Major Gidley was in active practice in Ontario and a member of the San Bernardino County Medical Society and the California Medical Association, and was also a Fellow of the American Medical Association.

Outlook for Mumps Control Improved.—An outbreak of mumps in a military establishment may lead to serious consequences in the way of days lost through hospitalization, Conrad Wesselhoeft, M. D., late Captain, Medical Corps, United States Army, Boston, and Charles F. Walcott, M. D., Major, Medical Corps Reserve, United States Army, Cambridge, Mass., declare in the current issue of *War Medicine*, published bimonthly by the American Medical Association in coöperation with the Division of Medical Sciences of the National Research Council.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939.....	1,220
March, 1940.....	9,322
November, 1940.....	19,990
May, 1941.....	27,057
November, 1941.....	32,199
May, 1942.....	38,061
July, 1942.....	34,520

The physicians of the State may like to know some of the background which resulted in the changes which are now being made in California Physicians' Service. The changes were designed primarily to bring unit value to a par basis. It may be of interest to compare the method with those of other well-known plans seeking the same end result.

All medical plans recognize the necessity of complete solvency in order to be successful. Solvency is one factor which eventually influences physician-patient relationships. It, of course, represents also the satisfying of the final objective, which is the solution to the riddle of medical economics. The distribution to the public of the advances of medical science is the fundamental which has created the necessity for the development of some plan to meet this need. The premise from which all pre-paid medical service plans start is as follows:

"A fundamental characteristic of an insurable hazard is that the frequency of the happening of the event which is the subject of the insurance should be subject to prediction within reasonable limits of error.

"A necessary corollary is that the happening of the event must not be subject to the control of the insured individual, or that there must be a strong incentive or desire on the part of the insured individual to avoid the happening of the event which is the subject of the insurance.

"It is equally necessary that the insured event shall be susceptible of precise and easily understood definition."

The readiness and frequency with which medical service is sought and the extent to which services may be rendered are factors of human conduct which are not susceptible of precise definition. It is this last which we feel has been responsible for the abnormal use of service experienced by California Physicians' Service during the past three years. We have demonstrated that the human conduct of the Medical Profession in handling thousands of patients can be trusted and relied upon. This has become a measurable factor with many constants which can be projected into the factor of various caseloads under various conditions. On the other hand, the beneficiary member has reacted in a manner that was unforeseen. All available figures indicated that the sickness rate for the average population would be 5 per cent to 7 per cent. Our predictions, under our plan, provided for double this. As time has gone along, we found that we were too conservative in our estimates. Figures month after month and then, beginning a sequence of years, showed that we were being called upon to handle three times the normal. Many of us were expecting a ripening process in time, due to the clearing up of old conditions, but we became convinced that this was not going to happen. We

knew some changes had to be made, but we also knew that these changes must meet certain requirements.

Primarily, C.P.S. had to develop a contract that would automatically control abuses. We believe that appealing to the human factor, in which there is a responsibility on the part of the prospective patient in seeking medical service, will help achieve this end. This is the basic provision for the surgical contract, in which a cutting procedure is the benefit. People do not subject themselves to this kind of treatment unnecessarily. When medical care is desired, the member can purchase the two-visit deductible contract in which he is called upon to pay for the first two visits to the attending physician. This puts the financial responsibility on the patient and, at least, stimulates thought before a doctor is called.

C.P.S. experience has shown that the use of service under the old full coverage was approximately 20 per cent, whereas, under the two-visit deductible, use was reduced to 4 per cent. We do not believe the welfare of the member is affected by this provision, since C.P.S. provides complete care for illnesses of consequence and the patient can feel that he has an adequate protection for unforeseen illnesses.

We could not have felt quite so secure in our position in making these changes if it were not for the fact that, as mentioned above, the medical profession of the State, as a whole, has cooperated fully in the program. It is quite evident that, when doctors work with doctors, the elements of suspicion, the tendency to pad bills, and the feeling that the individual physician is hampered in what he can do for the patient from a medical point of view, disappears. Since the medical profession has demonstrated quite conclusively that these factors may be relied upon, it places the Plan in a better position to succeed than any other type of administrative set-up so far conceived.

The human factor is an important element which must be considered in measuring results obtained, and our experience may point the way toward a type of administrative set-up that will work to the advantage of the medical profession, as well as to the welfare of the public. It is on such intangibles that success or failure of any endeavor involving human relations must depend.

MEDICAL EPONYM

Morton's Toe

Thomas G. Morton (1835-1907), surgeon to the Philadelphia Orthopedic Hospital, described this condition in a paper, entitled "A Peculiar and Painful Affection of the Fourth Metatarso-Phalangeal Articulation," published in the *American Journal of the Medical Sciences* (71:N. S.: 37-45, 1876). He reported 15 cases, 13 of which were in women. All the patients complained of severe pain localized in the fourth metatarsophalangeal articulation. It was generally relieved by removal of the shoe. Some patients told of having to stop in the street for this purpose. Morton advised operation for the relief of chronic cases. The origin of the condition is described as follows:

"To the peculiar position which the fourth metatarsophalangeal articulation bears to that of the fifth, the great mobility of the fifth metatarsal, which by lateral pressure is brought into contact with the fourth, and lastly, the proximity of the digital branches of the external plantar nerve, which are under certain circumstances liable to be bruised by or pinched between the fourth and fifth metatarsals, may be ascribed the neuralgia in this region."—R. W. B., in *New England Journal of Medicine*.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization. For roster of non-profit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.